



Permit 592
400525
APPLICATION FOR TRANSFER
HAZARDOUS MATERIALS UNDERGROUND STORAGE TANK
COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS
Environmental Programs Division
P.O. Box 1460, Alhambra, CA 91803-1331
(626) 458-3517

SEMS-RM DOCID # 1165893

DPW USE ONLY

APPLICATION NO. 400524
FILE NO. 14788-40819 RIC 23
DATE REC'D. 12/16/03 BY RJS

Pursuant to Los Angeles County Code, Title 11, Division 4, Section 11.80.170 and California Health and Safety Code, Division 20, Chapter 6.7, Section 25284 (c), application is hereby made for transfer of an existing Hazardous Materials Underground Storage Permit (HMUSP) to a new tank owner.

COMPLETE THE FOLLOWING:

New Facility Name INTERIOR REMOVAL SPECIALIST INC
Existing HMUSP or Unified Program (UP) Permit No. (If known) _____ Number of Tanks 1
Facility Address 9309 RAYO AVE City SOUTH GATE
Assessor Parcel Number (APN) _____
Map Book No. 6222-005-025 Page No. _____ Parcel No. _____
New Permittee (permit) _____

THE NEW PERMITTEE IS:

- ☒ Tank Owner and Operator - Fee Required
☐ Tank Owner Only - Fee Required
☐ Unified Program facility owner and operator (complete below) - Fee required
☐ Unified Program facility owner only - Fee required

IF OPERATOR IS NOT THE OWNER, AND IS NOT NAMED ON THE UNIFIED PROGRAM (UP) FACILITY PERMIT, COMPLETE THE FOLLOWING:

Tank Operator Name INTERIOR REMOVAL SPECIALIST INC Telephone (xxx) 357-6400
Tank Operator Address 9309 RAYO AVE SOUTH GATE State CA Zip 90280

No fee required to notify of operator change if that person is not replacing a person named in the Unified Program Permit.

This Application for Transfer must be accompanied by a completed and signed UP Facility form, or UP Tank Page 1 and Tank Page 2 forms, for each tank to be transferred.

APPLICATION FOR TRANSFER FEE \$219.00 () CASH () CHECK # _____

BY SIGNATURE BELOW; THE PERMIT TRANSFER APPLICANT ACKNOWLEDGES HAVING READ ALL CONDITIONS FOR TRANSFER ON THE REVERSE SIDE OF THIS FORM, AGREES TO COMPLY WITH THE CONDITIONS AND LIMITATIONS OF AND ASSUMES THE OBLIGATIONS OF THE HMUSP PERMIT FOR WHICH TRANSFER IS REQUESTED.

Signature [Signature] Title WASTE MANAGEMENT ADMINISTRATOR
Print Name RICHARD A. LUDWIG Date 12-15-03

INSTRUCTIONS

Hazardous Materials Underground Storage Permit (HMUSP) Application Supplement

1. This Application for Transfer form is to be used only for the transfer of an existing HMUSP or underground storage tank authorized under a Unified Program (UP) Permit to a new owner or operator of a facility within the jurisdiction of the County of Los Angeles, Unified Hazardous Materials Program and the Department of Public Works (DPW).
2. The new owner or operator must complete and submit an Application for Transfer to DPW accompanied by a UP Facility form and the Transfer Fee within thirty (30) days of assumption of ownership or commencement of operation.
3. By applying for transfer of an existing HMUSP, the new owner or operator agrees to assume all obligations under the existing HMUSP including all fee installments, installation and maintenance of approved monitoring systems and reporting requirements. IT IS THE APPLICANTS RESPONSIBILITY TO DETERMINE IF DELINQUENT FEES OR SUBMITTALS ARE DUE FOR THE NAMED FACILITY.
4. In lieu of transfer, a new owner or operator may apply for a new HMUSP within thirty (30) days of the assumption of ownership without assuming the prior permittees obligations. Such submittal shall include: a) a completed and signed Department of Public Works Permit Application Supplement, b) UP Facility form, c) UP Tank Page 1 and UP Tank Page 2 forms for each tank, d) appropriate DPW application fee. Verification of safe storage may be required prior to issuing a new HMUSP.
5. The DPW may review and modify, or terminate, the transfer of a HMUSP if it is determined the facility is not providing or threatens not to provide safe storage.
6. The owner or operator of an underground storage facility shall monitor the facility using the method specified in the HMUSP. If the permittee of a facility is not the tank owner or operator, the permittee shall provide a copy of the HMUSP to both the owner and operator. If the permittee is a person other than the operator of the tank, that person shall do all of the following: a) enter into a written contract with the operator which requires the operator to monitor the tank(s) as set forth in the permit, b) provide the operator with a copy of California Health and Safety Code, Section 25299, and c) inform DPW within thirty (30) days of any change of operator.
7. The HMUSP annual maintenance fee will be billed to the tank owner named on the permit unless other specific arrangements have been approved by DPW and Los Angeles County Fire Department. Regardless of billing arrangements, the tank owner is responsible for insuring payment of all fees and compliance with all monitoring requirements.

CERTIFICATION OF COMPLIANCE WITH LOS ANGELES COUNTY LOBBYIST ORDINANCE

This is to certify that I, as permit applicant, for the project located at 9307 27th Ave South Gate CA 90260
LOCATION ADDRESS
am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance)
and all persons acting on behalf of myself have complied and will continue to comply therewith through the application process.

RICHARD A. LOT
APPLICANT (PRINT NAME)

[Signature]
APPLICANT SIGNATURE

INTERIOR REMOVAL SPECIALIST INC
COMPANY NAME (If employed by an entity/agency)

12-15-03
DATE

(two pages per tank) Page of

LOCATION WITHIN SITE (Optional) 431

(A scaled plot plan with location(s) of UST system(s) including buildings and landmarks shall be submitted to the CUPA or PA.)

ADDITIONAL DESCRIPTION (For local use only) 438

TANK USE

III. TANK CONSTRUCTION

TYPE OF TANK

(Check all that apply)	YEAR INSTALLED	450	TYPE (local use only)	451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED	452
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IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY)

.....

LAC4: UPFORML3

**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
UST - Tank Page 1**

Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR § 2711 for State UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA or PA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA's or PA's development of an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter the type of system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

**UNIFIED PROGRAM (UP) FORM
UNDERGROUND STORAGE TANKS – TANK PAGE 2 (Form B)**

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING			ABOVEGROUND PIPING		
SYSTEM TYPE	<input type="checkbox"/> 1 PRESSURE <input type="checkbox"/> 2 SUCTION <input type="checkbox"/> 3 GRAVITY	458	<input type="checkbox"/> 1 PRESSURE <input type="checkbox"/> 2 SUCTION <input type="checkbox"/> 3 GRAVITY	459	
CONSTRUCTION	<input type="checkbox"/> 1 SINGLE WALL <input type="checkbox"/> 3 LINED TRENCH <input type="checkbox"/> 99 OTHER	460	<input type="checkbox"/> 1 SINGLE WALL <input type="checkbox"/> 95 UNKNOWN	462	
MANUFACTURER	<input checked="" type="checkbox"/> 2 DOUBLE WALL <input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 DOUBLE WALL <input type="checkbox"/> 99 OTHER		
MANUFACTURER		461	MANUFACTURER		463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 FRP COMPATIBLE w/100% METHANOL <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 7 GALVANIZED STEEL <input type="checkbox"/> 3 PLASTIC COMPATIBLE w/ CONTENTS <input type="checkbox"/> 8 FLEXIBLE (HDPE) <input type="checkbox"/> 4 FIBERGLASS <input type="checkbox"/> 9 CATHODIC PROTECTION <input type="checkbox"/> 5 STEEL W/COATING <input type="checkbox"/> 99 OTHER	464	<input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 7 GALVANIZED STEEL <input type="checkbox"/> 3 PLASTIC COMPATIBLE w/ CONTENTS <input type="checkbox"/> 8 FLEXIBLE (HDPE) <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS <input type="checkbox"/> 9 CATHODIC PROTECTION <input type="checkbox"/> 5 STEEL W/COATING <input type="checkbox"/> 99 OTHER	465	

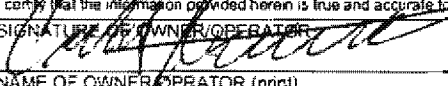
VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SINGLE WALL PIPING		SINGLE WALL PIPING	
466		467	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	
<input type="checkbox"/> 2 MONTHLY 0.2 GPH TEST		<input type="checkbox"/> 2 MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 4 DAILY VISUAL CHECK	
CONVENTIONAL SUCTION SYSTEMS (Check all that apply)		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)	
<input type="checkbox"/> 7 SELF MONITORING		<input type="checkbox"/> 7 SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply)	
<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 9 DAILY VISUAL MONITORING <input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0.1 GPH)	
SECONDARILY CONTAINED PIPING		SECONDARILY CONTAINED PIPING	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	
<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF		<input type="checkbox"/> c. NO AUTO PUMP SHUT OFF	
<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF		<input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
EMERGENCY GENERATORS ONLY (Check all that apply)		EMERGENCY GENERATORS ONLY (Check all that apply)	
<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15. AUTOMATIC LEAK DETECTOR (3.0 GPH) WITHOUT FLOW SHUT OFF		<input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT DATE INSTALLED	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input checked="" type="checkbox"/> 4. DAILY VISUAL CHECK
	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge	
SIGNATURE OF OWNER/OPERATOR	DATE
	12-29-03
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR
CARLOS HERNANDEZ	OWNER

OFFICIAL USE ONLY	Permit Number	Permit Approved	Permit Expiration Date
	473	474	475

**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
UST - Tank Page 2**

Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UP FORM pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.
459. PIPING SYSTEM TYPE (ABOVEGROUND)

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.
467. PIPING LEAK DETECTION (ABOVEGROUND)

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA or PA.

UNIFIED PROGRAM (UP) FORM UNDERGROUND STORAGE TANKS - FACILITY (Form A)

(one page per site) Page ____ of ____

TYPE OF ACTION ☐ 1. NEW SITE PERMIT ☐ 3. RENEWAL PERMIT ☐ 5. CHANGE OF INFORMATION ☐ 7. PERMANENTLY CLOSED SITE
(Check one item only) ☐ 2. INTERIM PERMIT ☐ 4. AMENDED PERMIT ☒ 6. TEMPORARY SITE CLOSURE ☐ 8. TANK REMOVED 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA) 3		FACILITY ID#	
INTERIOR REMOVAL SPECIALIST INC			
NEAREST CROSS STREET 401	FACILITY OWNER TYPE		
FIRESTONE	<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 7. FEDERAL AGENCY* 402		
BUSINESS TYPE 403	<input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input checked="" type="checkbox"/> 5. COMMERCIAL <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER		
TOTAL NUMBER OF TANKS REMAINING AT SITE 404	Is facility on Indian Reservation or trustlands? 405	*If owner of UST is a public agency, name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407	PHONE 408
CARLOS HERPORA	323 357-6900
MAILING OR STREET ADDRESS 409	
9309 RAYO AVE	
CITY 410	STATE 411
SOUTH GATE	CA
ZIP CODE 412	
90280	
PROPERTY OWNER TYPE 413	
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY	

III. TANK OWNER INFORMATION

TANK OWNER NAME 414	PHONE 415
CARLOS HERPORA	323 357-6900
MAILING OR STREET ADDRESS 416	
9309 RAYO AVE	
CITY 417	STATE 418
SOUTH GATE	CA
ZIP CODE 419	
90280	
TANK OWNER TYPE 420	
<input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

PT(TK) HQ 44 0 4 2 3 9 1 Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(s)	<input type="checkbox"/> 1. SELF-INSURED <input type="checkbox"/> 4. SURETY BOND <input type="checkbox"/> 7. STATE FUND <input type="checkbox"/> 10. LOCAL GOVT MECHANISM <input type="checkbox"/> 2. GUARANTEE <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 8. STATE FUND & CFO LETTER <input type="checkbox"/> 99. OTHER: <input type="checkbox"/> 3. INSURANCE <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 9. STATE FUND & CD
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VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked ☒ 1. FACILITY ☐ 2. PROPERTY OWNER ☐ 3. TANK OWNER 423

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge	
SIGNATURE OF APPLICANT 424	DATE 12-29-03 425
NAME OF APPLICANT (print) CARLOS HERPORA 426	PHONE 323 357-6900 425
TITLE OF APPLICANT OWNER 427	

OFFICIAL USE ONLY	DATE RECEIVED	CUPA	PA	DISTRICT/INSPECTOR
STATE UST FACILITY NUMBER 428		1998 UPGRADE CERTIFICATE NUMBER 429		

INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM

UST – Facility (Form A)

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR §2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR §2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR §2711 (a)(11)].

Refer to 23 CCR §2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UP Form pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the tank's site.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET ADDRESS
417. TANK OWNER CITY
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.
SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date that the page was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - Enter the full printed name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA or PA.

UNIFIED PROGRAM (UP) FORM
BUSINESS OWNER/OPERATOR IDENTIFICATION (Form 2730)

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE / /)

PAGE OF

I. IDENTIFICATION

FACILITY ID#	BEGINNING DATE	ENDING DATE
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		BUSINESS PHONE
INTERIOR REMOVAL SPECIALIST INC		323 357-6900
BUSINESS SITE ADDRESS		
9309 RAYO AVE		
CITY	CA	ZIP CODE
SOUTH GATE		90280
DUN & BRADSTREET	SIC CODE (4 digit #)	
COUNTY LOS ANGELES	UNINCORPORATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
BUSINESS OPERATOR NAME	BUSINESS OPERATOR PHONE	
CARLOS HERRERA	323 357-6900	

II. BUSINESS OWNER

OWNER NAME	OWNER PHONE
CARLOS HERRERA	323 357-6900
OWNER MAILING ADDRESS	
9309 RAYO AVE	
CITY	STATE CA ZIP CODE
SOUTH GATE	90280

III. ENVIRONMENTAL CONTACT

CONTACT NAME	CONTACT PHONE
RICHARD LUDT	323 357-6900
CONTACT MAILING ADDRESS	
9309 RAYO AVE	
CITY	STATE CA ZIP CODE
SOUTH GATE	90280

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	NAME
RICHARD LUDT	VICKY HERRERA
TITLE	TITLE
WASTE MANAGEMENT ADMINISTRATOR	FIELD OPERATIONS MANAGER
BUSINESS PHONE	BUSINESS PHONE
323 357-6900	323 357-6900
24-HOUR PHONE	24-HOUR PHONE
323 353-1233	323 353-1260
PAGER #	PAGER #
676 459-7331	323 344-7887

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

NUMBER OF EMPLOYEES	FEDERAL TAX IDENTIFICATION NUMBER
120	954462657

MAILING/ BILLING INFORMATION

ADDRESS	CITY	STATE	ZIP CODE
9309 RAYO AVE	SOUTH GATE	CA	90280

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
	12-24-03	RICHARD LUDT
NAME OF SIGNER (print)	TITLE OF SIGNER	
CARLOS HERRERA	OWNER	

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSPECTION	DIVISION	BATTALION	STATION				

**INSTRUCTIONS FOR THE UNIFIED PROGRAM (UP) FORM
Business Owner/Operator Identification (Form 2730)**

Please submit the Business Activities page, the Business Owner/Operator Identification page (Form 2730), and Hazardous Materials - Chemical Description pages (Form 2731) for all hazardous materials inventory submissions. For the inventory to be considered complete, this page must be signed by the appropriate individual. Please number all pages of your submittal. This helps your CUPA or PA identify whether the submittal is complete and if any pages are separated.

1. **FACILITY ID NUMBER** This number is assigned by the CUPA. This is the unique number which identifies your facility.
 3. **BUSINESS NAME** Enter the full legal name of the business.
 100. **BEGINNING DATE** Enter the beginning year and date of the report. (YYYYMMDD, ex. 1999/07/01)
 101. **ENDING DATE** Enter the ending year and date of the report. (YYYYMMDD, ex. 2000/06/30)
 102. **BUSINESS PHONE** Enter the phone number, area code first, and any extension.
 103. **BUSINESS SITE ADDRESS** Enter the street address where the facility is located. No post office box numbers are allowed.
 104. **CITY** Enter the city or unincorporated area in which the business site is located.
 105. **ZIP CODE** Enter the zip code of the business site. The extra 4 digits in the zip code may also be added.
 106. **DUN & BRADSTREET** Enter the Dun and Bradstreet number for the facility. The Dun & Bradstreet number may be obtained by calling (810) 882-7748 or by visiting Dun and Bradstreet on the internet at www.dnb.com.
 107. **SIC CODE** Enter the primary Standard Industrial Classification Code number for primary business activity. Report only the first four digits.
 108. **COUNTY** Enter the county in which the business site is located.
 109. **BUSINESS OPERATOR NAME** Enter the name of the business operator.
 110. **BUSINESS OPERATOR PHONE** Enter business operator's phone number including any extension, if different from the business phone.
 111. **OWNER NAME** Enter name of the business owner, if different from the business operator.
 112. **OWNER PHONE** Enter the business owner's phone number if different from the business phone, area code first, and any extension.
 113. **OWNER MAILING ADDRESS** Enter the owner's mailing address if different from the business site address.
 114. **OWNER CITY** Enter the name of the city for the owner's mailing address.
 115. **OWNER STATE** Enter the 2 character state abbreviation for the owner's mailing address.
 116. **OWNER ZIP CODE** Enter the zip code for the owner's address. The extra 4 digits in the zip code may also be added.
 117. **ENVIRONMENTAL CONTACT NAME** Enter the name of the person, if different from the Business Owner or Operator, who receives all environmental correspondence and will respond to enforcement activity.
 118. **CONTACT PHONE** Enter the phone number at which the environmental contact can be contacted including any extension.
 119. **CONTACT MAILING ADDRESS** Enter the mailing address where all environmental contact correspondence should be sent.
 120. **CITY** Enter the name of the city for the environmental contact's mailing address.
 121. **STATE** Enter the 2 character state abbreviation for the environmental contact's mailing address.
 122. **ZIP CODE** Enter the zip code for the environmental contact's mailing address. The extra 4 digits in the zip code may also be added.
 123. **PRIMARY EMERGENCY CONTACT NAME** Enter the name of a representative that can be contacted in case of an emergency involving hazardous materials at the business site. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
 124. **TITLE** Enter the title of the primary emergency contact.
 125. **BUSINESS PHONE** Enter the business number for the primary emergency contact, area code first, and any extensions.
 126. **24-HOUR PHONE** Enter a 24-hour phone number for the primary emergency contact. The 24-hour phone number must be one answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
 127. **PAGER NUMBER** Enter the pager number for the primary emergency contact, if available.
 128. **SECONDARY EMERGENCY CONTACT NAME** Enter the name of a secondary representative that can be contacted in the event that the primary emergency contact is not available. The contact shall have FULL facility access, site familiarity, and authority to make decisions for the business regarding incident mitigation.
 129. **TITLE** Enter the title of the secondary emergency contact.
 130. **BUSINESS PHONE** Enter the business telephone number for the secondary emergency contact, area code first, and any extension.
 131. **24-HOUR PHONE** Enter a 24-hour phone number for the secondary emergency contact. The 24 hour phone number must be one which is answered 24 hours a day. If it is not the contact's home phone number, then the service answering the phone must be able to immediately contact the individual stated above.
 132. **PAGER NUMBER** Enter the pager number for the secondary emergency contact, if available.
 - 133a. **UNINCORPORATED AREA** Check "Yes" if your facility is located in an unincorporated area of the County (ex. East LA, Marina Del Rey etc.).
 - 133b. **NUMBER OF EMPLOYEES** Enter the number of employees working at your facility.
 - 133c. **TAX IDENTIFICATION NUMBER (TIN)** Enter your business's tax identification number or social security number. The TIN number may be obtained from the Internal Revenue Service (IRS).
 - 133d. **MAILING/BILLING ADDRESS** Enter the address that all correspondence and bills should be sent.
 - 133e. **MAILING/BILLING CITY** Enter the city for the mailing/billing address.
 - 133f. **MAILING/BILLING STATE** Enter the 2 character state abbreviation for the mailing/billing address.
 - 133g. **MAILING/BILLING ZIP CODE** Enter the zip code for the mailing/billing address. The extra 4 digits in the zip code may also be added.
 134. **DATE** Enter the date that the document was signed. (YYYYMMDD, ex. 1999/07/01)
 135. **NAME OF DOCUMENT PREPARER** Enter the full name of the person who prepared the inventory submittal information.
 136. **NAME OF SIGNER** Enter the full printed name of the person signing the page.
- SIGNATURE OF OWNER/ OPERATOR OR DESIGNATED REPRESENTATIVE** The Business Owner/Operator, or officially designated representative of the Owner/Operator, shall sign in the space provided. This signature certifies the signer is familiar with the information submitted, and based on the signer's inquiry of those individuals responsible for obtaining the information, it is the signer's belief that the information is true, accurate and complete.
137. **TITLE OF SIGNER** Enter the title of the person signing the page.



APPLICATION FOR CLOSURE
HAZARDOUS MATERIAL UNDERGROUND STORAGE TANKS
COUNTY OF LOS ANGELES, DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION
900 SOUTH FREMONT AVENUE
ALHAMBRA, CA 91803-1331
(626) 458-3517

App. No. 400526
Site File 14788-40819 R/C 23
Fee \$
Check ☒ Cash ☐

TANK OWNER: Contact Name: RICHARD LUOT Phone: 323 357-6900
Mailing Address: 9309 RAYO AVE City: SOUTH GATE State: CA Zip: 90280
FACILITY/SITE: Occupant Name: INTERIOR REMOVAL SPECIALIST INC Phone: 323 357-6900
Site Address: 9309 RAYO AVE City: SOUTH GATE State: CA Zip: 90280
Mailing Address: City: State: Zip:
Contact Person: RICHARD LUOT Title: WASTE MANAGEMENT ADMINISTRATOR
CONTRACTOR ☐ OWNER/OPERATOR AS CONTRACTOR ☐
Contractor Name: Phone:
State License No.: Class:
Hazardous Substance Removal Certified YES ☐ NO ☐

CLOSURE REQUESTED: Closure of tanks shall be in compliance with California Health and Safety Code Chapter 6.7, Section 25298, and California Code of Regulations Title 23, Division 3, Chapter 16, Sections 2870 through 2872.

☐ PERMANENT, TANK REMOVAL (See Section 2672(b))
How many underground storage tanks will remain after this closure? _____
☒ PERMANENT, CLOSURE IN PLACE (See Section 2672(c)) - Attach Justification Statement
TEMPORARY, (See Section 2671)
Other: _____

PLOT PLAN ATTACHED ☐ Showing existing tanks
product piping & dispenser locations. EXISTING HMUSP PERMIT NO.: _____

TANK DESCRIPTION:

TANKS NO.	*	TANK ID NO. (DPW USE ONLY)	CAPACITY GALLONS	MATERIALS STORED (PAST/PRESENT)	CLOSURE APPLICATION FEE
1	1		6000	Dispenser	\$357.00
2					438.00
3					519.00
4					600.00
5					681.00
6 (+ ATTACH LIST)					\$276.00 + \$81.00/PER TANK =

* Compliance with December 22, 1998 Standards (See 2A on back)

	YES	NO
Has an unauthorized release ever occurred at this site?	<input type="checkbox"/>	<input type="checkbox"/>
Have structural repair ever been made to these tanks?	<input type="checkbox"/>	<input type="checkbox"/>
Will new underground tanks be installed after closure?	<input type="checkbox"/>	<input type="checkbox"/>
Will any wells, including monitoring wells, be abandoned?	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE: CONTAMINATED TANKS AND RESIDUES THAT MAY BE LEFT IN TANKS TO BE CLOSED, MAY BE HAZARDOUS WASTE WHICH MUST BE TRANSPORTED AND DISPOSED OF PURSUANT TO CHAPTER 6.5, CALIFORNIA HEALTH AND SAFETY CODE, FAILURE TO COMPLY MAY BE PROSECUTED AS A FELONY VIOLATION.

By signature below the applicant certifies that all statements and disclosures above are true and correct and that they have read and agree to abide by this permit and all conditions and limitations attached.

Applicant's Signature [Signature] Date 12-15-03
(Print Name) RICHARD A LUOT Phone 323 357-6900
Owner ☐ Operator ☒ Contractor ☐

TO BE COMPLETED BY THE DEPARTMENT OF PUBLIC WORKS

PURSUANT TO SECTION 11.80.070B, LOS ANGELES COUNTY CODE, PERMISSION IS HEREBY GRANTED TO PROCEED WITH THE CLOSURE DESCRIBED ABOVE SUBJECT TO THE ATTACHED CONDITIONS AND LIMITATIONS. ATTACHMENTS YES ☒ NO ☐
THIS AUTHORIZATION EXPIRES 6/30/04

JAMES A. NOYES
Director of Public Works

By: [Signature]

Date: 12/29/03

**UNDERGROUND STORAGE TANK
CLOSURE INFORMATION**

1. This application is for authorization to temporarily or permanently close an underground storage tank (UST) pursuant to Los Angeles County Code, Title 11, Division 4, and California Code of Regulations, Title 23, Division 3, Chapter 16. This application may also be used for product piping removal associated with an existing or removed UST.
2. This application will not be approved unless a valid Hazardous Material Underground Storage Permit (HMUSP) or Unified Program (UP) Permit application is on file with the Department of Public Works (DPW). HMUSP registration fees may be waived, if the DPW finds that the subject UST's: a. Have been continuously empty and out of service since January 1, 1984; b. The owner or operator was never informed by DPW or any other agency of need to properly close UST's.
- 2A. Additional fees may be imposed for closure of UST's that were not in compliance with December 22, 1998, standards for upgrade or temporary closure.
3. USTs closed on site by removal or cleaning and filling with an inert solid material prior to January 1, 1984, need not comply with current closure requirements, however, leaks from such USTs must be reported and cleaned up.
4. This application must be accompanied by a UP UST's FACILITY form for each site and UP UST's TANK PAGE 1 and PAGE 2 forms for each UST to be removed or closed.
5. All work shall be carried out in full compliance with all applicable Federal, State and local laws, ordinances, rules and regulations.
6. All fees due to DPW and/or to the Certified Unified Program Agency (CUPA) for the operation and/or maintenance of the facility subject to closure through the date of closure shall be paid.
7. All inspections notification(s) shall be made as directed by the attached conditions of this approval.
8. Within 30 days of the date of closure, the applicant shall furnish to the DPW a closure report describing all work completed, results of any required sampling, disposition of any contaminated soils or materials found and all other requirement made part of the closure application.
9. In all cases, closure permits expire 180 days from the date of issue unless otherwise specified. It is the responsibility of the owner to make sure that the final report contains the required information and is submitted to the DPW within one month from the sampling date or 180 days from the date of the permit issuance, whichever is earlier. The total number of tanks listed on the HMUSP or UP Permit and the yearly annual permit maintenance billing will remain unchanged until the closure report is received by the DPW. Only one copy of the closure report needs to be submitted unless otherwise directed.
10. All closure applications are site specific and may be subject to additional sampling and site characterization requirements as necessary to protect the public health and safety, underground and surface water supplies, and may include requirements, requested by Federal, State or other regulatory agencies.

**DEPARTMENT OF PUBLIC WORKS
ENVIRONMENTAL PROGRAMS DIVISION
900 SOUTH FREMONT AVENUE
ALHAMBRA, CA 91803-1331
(626) 458-3517**

**CERTIFICATION OF COMPLIANCE WITH
LOS ANGELES COUNTY LOBBYIST ORDINANCE**

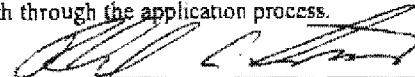
This is to certify that I, as permit applicant, for the project located at 9309 RAYU AVE SOUTH GATE CA 90260

LOCATION ADDRESS

am familiar with the requirements of Los Angeles County Code Chapter 2.160 et seq., (relating to the Los Angeles County Lobbyist Ordinance) and all persons acting on behalf of myself have complied and will continue to comply therewith through the application process.

RICHARD A. LUST

APPLICANT (PRINT NAME)



APPLICANT SIGNATURE

INTERIOR REMOVAL SPECIALIST INC

COMPANY NAME (If employed by an entity/agency)

12-29-07

DATE

CLOSURE – UNDERGROUND STORAGE TANKS

CONDITIONS A – GENERAL

1. Closures shall be carried out such that all applicable regulations from the following agencies are complied with: Los Angeles County, Department of County Engineer – Facilities; Los Angeles County Fire Department, Fire Prevention Division or the appropriate City Fire Department; South Coast Air Quality Management District; and Los Angeles County Department of Health Services.
2. The County Engineer and Fire Departments shall be notified in advance of any closure in accordance with the following:
 - a. Removal of tank shall require a three (3)-business day advance notification.
 - b. Permanent closure of a tank in place or a temporary closure shall require a 30-written notification.
3. Consult current fee schedule for costs.
4. All abandoned wells shall be destroyed in such a way that they will not produce water or act as a channel for interchange of water, when such interchange may result in deterioration of the quality of water in any or all water bearing formations penetrated, or present a hazard to the safety and well-being of people and animals.
5. A well destruction permit issued by the Los Angeles Department of Health Services shall be required for all wells requiring a permit for their initial construction.
6. Well destruction shall be accomplished according to methods described in the latest "Water Well Standards: State of California" by the Department of Water Resources, contained in Bulletin 74 – 81, December 1981, or any other methods that will provide equivalent or better protection.
7. Plans for the decontamination of a facility shall be submitted to the County Engineer for approval no later than 30 days before the commencement of such operations. Other agencies having jurisdiction shall also be notified. These agencies the California Regional Water Quality Board, the Los Angeles County Department of Health Services, and the South Coast Air Quality Management District.
8. Decontamination shall require the following, as a minimum:
 - a. Cleaning operation shall be done under the supervision of persons who understand the hazardous potential of the original liquid stored and its components.
 - b. The personnel shall be sufficiently skilled to safely carry out such operation.
 - c. Contaminated materials removed from such facility shall be disposed of at legal point of discharge.
 - d. The operation shall be carried out in a manner that will not endanger the health of the public and the environment.

CONDITIONS B – TEMPORARY

1. All temporary closures shall be carried out as indicated in Los Angeles County Fire Department, Fire Prevention Division, Supplement #A – Inspection Guide #6, "Abandonment or Removal of Underground Tanks," Part A and any other applicable Parts.
2. A temporary closure shall not exceed 180 days.

CONDITION C – PERMANENT TANK (S) REMOVAL

1. All tank removals shall be carried out as indicated in Los Angeles County Fire Department, Fire Prevention Division, Supplement #A – Inspection Guide #6, Part D and any other applicable Parts.
2. Owners/operators shall notify the Building Department having jurisdiction at the place of removal if a grading permit is necessary.
3. Removed tanks shall not be transported away from the site until an inspection to establish site integrity is carried by the County Engineer.
4. If an appointment has been arranged with a County Engineer Inspector to inspect the removal of a tank, the inspector will only wait at the site a reasonable amount of time (approximately one hour) after arriving for the removal to commence. Another closure fee may be charged if the inspector has to return to the site.
5. After inspection, tank shall be transported to a legal disposal point.
6. If the tank has stored materials other than motor fuel, fuel oil or waste oil, site integrity shall be demonstrated using the soil sampling and analysis procedures described in CONDITIONS D below.
7. The site shall be filled and re-compacted to a relative compaction of 90%.

CONDITIONS D – PERMANENT

1. All permanent closures of tanks in place shall comply with Los Angeles County Fire Department, Fire Prevention Division, Supplement #A – Inspection Guide #6, Parts B or C, and any other applicable Parts.
2. Owners/operators shall demonstrate part site integrity as follows:
 - a. Test borings shall be slant drilled to intercept a point beneath the center of the tank, if possible. If slant drilling is not feasible, the test boring may be drilled vertically and the reason stated in the report in 2.h. below.
 - b. For single tanks, a minimum of two test borings will be required, each located on opposite sides of the tank along the major axis of the tank.
 - c. For multiple tanks, as a minimum, boring shall be placed at 20-foot intervals around the tank cluster. The actual number and location of borings shall be evaluated on a case-by-case basis. Tanks separated by 20 feet or more shall be considered single tanks for the purposes of test location and placement.
 - d. Soil samples shall be taken at depths of 5, 10, 20, 30 and 40 feet below grade level.
 - e. A Shelby Tube or a Modified California Sampler shall be utilized for taking all soil samples.
 - f. Soil samples shall not be extruded in the field but are to be immediately placed in a refrigerated ice chest and transported to a state certified laboratory for analysis, using suitable methods.
 - g. A report containing the results of the above analysis shall be submitted to the County Engineer.
3. If the soil analysis in 2. above indicates the presence of contaminants, the County Engineer shall require a site investigation as described in Chapter V of the County's "Underground Storage of Hazardous Materials – Guidelines."
4. A report shall be submitted to the County Engineer containing the results of the site investigation.

Closure Permit
No.: 400526
File No.
I- 14788-40819

To satisfy the permanent closure requirements for underground storage tanks previously storing hazardous materials, site integrity must be demonstrated by the analysis of soil samples and, if applicable, groundwater samples as outlined below. These requirements are in addition to the conditions listed on the Application for Closure or contained in an approved Closure Plan.

- [illegible]

ATTENTION CONTRACTOR

NOTIFICATION/PERMIT REQUIREMENTS

This Closure Authorization is issued subject to compliance with all applicable laws and regulations relating to the performance of work including, but not limited to, business license requirements, Building Codes, Fire Codes, Air Quality regulations, Health and Safety Codes, Water Codes, and Transportation regulations.

Pursuant to Los Angeles County Code, Section 11.78.045, and the Conditions and Limitations of the attached Hazardous Materials Underground Storage Closure Authorization, you are required to complete ALL of the agency notifications indicated below within the time period specified prior to commencement of work on this closure.

[X] 72 HOURS - DEPARTMENT OF PUBLIC WORKS INDUSTRIAL WASTE ENGINEERING INSPECTOR:

>>>Unless otherwise noted DPW inspectors are available at the following offices,
Monday through Friday, between 8 a.m. and 9:30 a.m. **ONLY**.<<<

- [] WHITTIER AREA - (562) 906-8426
13523 E. Telegraph Rd., Whittier, CA 90605-3437
- [] CENTINELA VALLEY AREA - (310) 534-4862 or 534-4859
24320 S. Narbonne Ave., Lomita, CA 90717-1194
- ☒ LENNOX AREA - (310) 534-4862 or 534-4859
24320 S. Narbonne Ave., Lomita, CA 90717-1194
- [] SAN GABRIEL VALLEY AREA - (626) 574-0962
125 S. Baldwin Ave., Arcadia, CA 91007-2652
- [] SAN DIMAS AREA - (626) 574-0962
125 S. Baldwin Ave., Arcadia, CA 91007-2652
- [] EAST LOS ANGELES AREA - (323) 260-3466
5119 E. Beverly Blvd., Los Angeles, CA 90022-3801
- [] CITY OF COMMERCE - (323) 887-4456
2535 Commerce Way, Commerce, CA 90040-1487
- [] NEWHALL AREA - (661) 222-2953
23757 W. Valencia Blvd., Santa Clarita, CA 91355-2192

[X] 48 HOURS (OR AS REQUIRED) - LOCAL FIRE DEPARTMENT FIRE PREVENTION INSPECTOR:

[] City of _____

☒ Los Angeles County Fire Department 310 503-5258

[X] 24 HOURS - SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Telephone: (909) 396-2326

Fax: (909) 396-3342

[] COUNTY SERVES AS BUILDING OFFICIAL, SEE ATTACHED.

☒ CITY SERVES AS BUILDING OFFICIAL. Call city of South Gate

FAILURE TO PROVIDE NOTICE AS REQUIRED ABOVE MAY RESULT IN PERMIT REVOCATION, ADDITIONAL SITE ASSESSMENT REQUIREMENTS, AND/OR ADMINISTRATIVE PENALTIES AS PROVIDED BY LAW.